



## Application Data Sheet

### Application Information

Application number::	10773767
Filing Date::	02/06/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	DRUG MODEL EXPLORER
Attorney Docket Number::	021720-001310US
Request for Early Publication::	No
Request for Non-Publication::	Yes
Suggested Drawing Figure::	
Total Drawing Sheets::	25
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Jacob  
Middle Name:: W.  
Family Name:: Mandema  
Name Suffix::  
City of Residence:: Atherton  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 191 Selby Lane  
City of Mailing Address:: Atherton  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94027

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name:: J.  
Family Name:: Schwartz  
Name Suffix::  
City of Residence:: Mill Valley  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 238 California Avenue  
City of Mailing Address:: Mill Valley  
State or Province of mailing address:: CA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94941

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Timothy  
Middle Name:: Matthew  
Family Name:: Sheiner  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1760 Alabama Street  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94110

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Jean-Max  
Middle Name::  
Family Name:: Vally  
Name Suffix::  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 171 Capistrano Avenue  
City of Mailing Address:: San Francisco

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94112

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/511,602	10/14/03

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name:: Pharsight Corporation  
Street of mailing address:: 800 W. El Camino Real, Suite 200  
City of mailing address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94040